

Strengthening Transparency in Regulatory Science

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From: Luke Michaelson, PhD RN

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From the perspective of a nurse, the proposed rule titled **Strengthening Transparency in Regulatory Science** will harm the public and will implement unachievable transparency guidelines within population health research areas. For example, epidemiological studies correlating illness and air quality may require personal identifiable information and confidentiality agreements. The **Strengthening Transparency in Regulatory Science** regulation seeks to only use studies which allow public access to all data. Since those confidential raw data cannot be publicized, that research will not be used to develop future health guidelines.

In fact, if the **Strengthening Transparency in Regulatory Science** rule is implemented, the result will be less science influencing future health policy. Such a result will harm the American population, especially those more vulnerable to environmental hazards, such as children and the elderly. The scientific community already supports Transparency and Openness Standards which are able to accommodate research using strict confidentiality and private guidelines [1]. This proposed federal guideline is redundant and does impart a fiscal and labor burden on an agency President Trump has previously targeted for a 23 percent decrease in its budget. Furthermore, the EPA has lost hundreds of employees [2] and therefore, the agency will not be able to support the validation of even "approved research data" within a timely manner.

Prior to the proposed guideline, **Strengthening Transparency in Regulatory Science**, the scientific community has proactively contributed research directly helping the health of the American public. In 1955, the Air Pollution Control Act was the first federal legislation related to air pollution, and authorized funds for air quality research. In 1963, the Clean Air Act authorized the US Public Health Service to conduct research on how to control air pollution. Air quality legislation, culminating in amendments to the Clean Air Act in 1990, has produced an estimated \$59-140 billion in health savings [3]. Furthermore, prior research associated the following pollutants with poor health outcomes; higher carbon monoxide and ozone levels correlated with lower birth weights and poor intrauterine growth; for every 10 μ g/m³ increase in PM₁₀ levels, respiratory related infant deaths increased by 16%, and children living in communities with the highest levels of \leq PM_{2.5} particulate matter were approximately 5 times more likely to have abnormal lung function when compared to their peers with the lowest \leq PM_{2.5} levels [3].

Good science and research help the American public. The **Strengthening Transparency in Regulatory Science** guideline ignores the documented public health successes from prior research. This guideline will immediately harm the American communities and reverse health gains we have made. I suggest this guideline not be implemented.

References

1. Berg, J., et al., *Joint statement on EPA proposed rule and public availability of data*. Proc Natl Acad Sci U S A, 2018. **115**(24): p. 6098.
2. Dennis, B., *Trump budget seeks 23 percent cut at EPA, eliminating dozens of programs*, in *The Washington Post*. 2018: Washington DC.
3. Ross, K., J.F. Chmiel, and T. Ferkol, *The impact of the Clean Air Act*. J Pediatr, 2012. **161**(5): p. 781-6.